CSRS Civil Service Retirement System

APPLICATION TO MAKE DEPOSIT OR REDEPOSIT

CIVIL SERVICE RETIREMENT SYSTEM

OMB Approved No. 3206-0134

TO AVOID DELAY IN PROCESSING:

- 1. Read the attached information carefully.
- 2. Typewrite or print in ink.
- 3. Complete Part A in full and have your employing agency complete Part B. If you are not Federally employed, Part B need not be completed.

A. TO BE COMPLETED BY THE APPLICANT

| Name (Last, first, middle) | | 2. List all o | ther names you have used | 3. Birthdate (Month, day, year) | | | | |
|---|--|--|--|---------------------------------|----------------|--|-----------------------------|--|
| 4. Address (Number and Street) | | 5. Departm | nent or agency in which presently or last en on | 6. Social Security number | | | | |
| (City, state and ZIP code) | | 7. Location | n of employment (City and State) | 8. Title of last position | | | | |
| List below in chronological order all "deposit" period civilian service during which "retirement deductions | s of civilian service during were withheld and later r | g which no c refunded to y | civil service retirement deductions were/ou. | e withheld from y | our salary and | all "redeposit' | periods of | |
| Department or agency, including bureau, branch, or division, where employed | Location of emplo | yment | Title of position | Periods of service | | Check whether deductions were not withheld or were withheld and refunded | | |
| | (City and Stat | | • | | Ending date | Not withheld | Withheld and refunded | |
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| Are deductions for civil service retirement now being withheld from your salary? No | | | If your answer is "No," give the date of separation from your last position under the Civil Service Retirement Law | | | | Date of separation | |
| Signature of applicant | | Telephone number (including area code) where you can be reached during the day | | | | Date | | |

Office of Personnel Management FPM Supplement 831-1

Previous editions are not usable

2803-111

Standard Form 2803 NSN 7540-00-634-4252 Revised June 1992

| B. TO BE COMPLETED BY THE EMPLOYING AGENCY | | | | | | | | | | | | |
|--|--------------------|--------------------|----------------|-------------------------|-----------------------|---|------------------|--------------|--------------------|--|--|--|
| INSTRUCTIONS TO THE AGENCY This application is not to be used as a means for verifying service for leave, retention or other non-retirement purposes. The procedures for verifying service for non-retirement purposes or for establishing creditability of service are contained in the Federal Personnel Manual. If more space is needed for the information requested in Item 3, please attach a separate sheet. Show the name and Social Security number of the applicant on the separate sheet (SF 2801-1 may be used for this purpose). | | | | | | | | | | | | |
| 1. Is the employee in a position subject to civil service retirement coverage? 2. Exact date civil service retirement deductions began for the currer appointment: | | | | | | | | | r the current | | | |
| No Yes —— | | | | | | | | | | | | |
| 3. CIVILIAN SERVICE NOT UNDER A RETIREMENT SYSTEM FOR FEDERAL EMPLOYEES From verified service documented in official personnel records, list any Federal civilian service not subject to a retirement system for Federal (or D.C. Government) employees. If total basic salary earned for any such period of service is known, a summary entry may be entered on the right-hand side below. Otherwise, show each change affecting basic salary during the period of service. Any period of nondeduction service claimed on the front of this form which cannot be verified from official records should be listed and noted in the "Leave Without Pay" column as "Unverified." NOTE: This information will also be requested (on the SF 2801-1) in connection with the employee's retirement. The agency should keep a copy of this schedule to facilitate completion of the SF 2801-1. | | | | | | | | | | | | |
| Nature of action (Appt., pro, res., etc.) Effective date (Mo., day, year) | | Basic salary rate | | y basis n, per hour, | Leave without pay | If basic salary actually earned is available, make summary entry below. | | | | | | |
| | | WAE, etc.) | | ., maioat pay | From (Mo., day, year) | To (Mo., day, j | year) | Total earned | | | | |
| CERTIFICATION T | he information ent | ered above is base | ed on officia | ıl records of t | his agency and is | correct. There is n | o official per | rsonnel o | r fiscal record in | | | |
| this agency of the additional service (if any) alleged by the employee and marked "Unverified" in Item 3. | | | | | | | | | | | | |
| Agency address | | | Signature | | | | Date | | | | | |
| | | | Official title | | | | Telephone number | | | | | |